

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90019 003 ***158.75

DOCUMENT # P98000089545

1. Entity Name
INTERNATIONAL COMMERCE & FINANCE, INC.

Principal Place of Business
508 N STERLING AVE
TAMPA FL 33605

Mailing Address
508 N STERLING AVE
TAMPA FL 33605

928248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1400 Chamber Drive
 Suite, Apt. #, etc.

3. Mailing Address
1400 Chamber Drive
 Suite, Apt. #, etc.

City & State
Bartow, Florida
 Zip
33830
 Country
USA

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Bartow, Florida
 Zip
33830
 Country
USA

4. FEI Number **593547381**
 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRER, RENE JR.
14913 COLDWATER LN
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **Daniel L. Hefner**
 Street Address (P.O. Box Number is Not Acceptable)
2600 Williams Rd
 City **Brandon** FL Zip Code **33510**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Daniel L. Hefner Pres./Dir** **Daniel L. Hefner** **2-5-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER, RENE JR. 14913 COLDWATER LN TAMPA FL 33624 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUDHOMME, CHRIS J 1522 EAST SIXTH STREET DULUTH MN 55812-1207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Director Daniel L. Hefner 2600 Williams Rd Brandon, Florida 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Daniel L. Hefner** **Daniel L. Hefner**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.05.01 **813-244-9843**
 Date Daytime Phone #

CR2E034 (10/00)